MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-011220
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0397
2 0397-
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4 0
5 1
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7 1
8 2
9 522X
10 8
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12 6.0
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 309D

FILED APR 3 1963

1. PLACE OF DEATH
a. COUNTY: Green
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield, Mo
Length of stay in 1b: 13yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Springfield City Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Green
c. CITY OR TOWN: Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1144 Golden
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: William Last: Groseclose
4. DATE OF DEATH: Month: Feb. Day: 24 Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/21/1897
9. AGE (last birthday): 65
IF UNDER 1 YEAR: Months: 5 Days: 3
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Omaha, Nebr.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Groseclose
13b. MOTHER'S MAIDEN NAME: Laura Lee
14. NAME OF HUSBAND OR WIFE: Millie V. Groseclose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No.
16. SOCIAL SECURITY NO.: 79
17. INFORMANT: Millie Groseclose Address: Springfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ? Cerebrovascular accident.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Post op gastroenterostomy
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/2/63 to 2/24/63 and last saw her/him alive on 2/23/63
Death occurred at 6 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: City Hosp Spfd Mo
22c. DATE SIGNED: 4/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/26/63
23c. NAME OF CEMETERY OR CREMATORY: Low Gap Cemetery
23d. LOCATION (City, town or county) (State): Low Gap, Ark.

24. FUNERAL DIRECTOR ADDRESS: Holt Memorial Chapel Harrison
25. DATE RECD. BY LOCAL REG.: 4-2-63
26. REGISTRAR'S SIGNATURE: Effie L. Norton

(Licensed Embalmer's Statement on Reverse Side)

Permit 2-24-63
Certificate sent to City Hospital
and a new one had to be obtained
from Cullman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.